

SERFF Tracking Number:	CRUM-125289309	State:	Arkansas
First Filing Company:	The North River Insurance Company, ...	State Tracking Number:	AR-PC-07-026069
Company Tracking Number:	AR1295		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	GL FM Withdrawal		
Project Name/Number:	1295AR/AR1295		

## Filing at a Glance

Companies: The North River Insurance Company, United States Fire Insurance Company, Crum & Forster Indemnity Company

Product Name: GL FM Withdrawal	SERFF Tr Num: CRUM-125289309	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: AR-PC-07-026069
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: AR1295	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Roger Bennett	Disposition Date: 09/20/2007
	Date Submitted: 09/12/2007	Disposition Status: Withdrawn
Effective Date Requested (New): 10/15/2007		Effective Date (New):
Effective Date Requested (Renewal): 10/15/2007		Effective Date (Renewal):

## General Information

Project Name: 1295AR	Status of Filing in Domicile: Not Filed
Project Number: AR1295	Domicile Status Comments: This is a state specific form for the state of Arkansas, and has not been filed in the domicile state of NJ or DE.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/20/2007	
State Status Changed: 09/13/2007	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
We are filing to withdraw a Commercial General Liability form that is no longer needed for company policy issuance use.	

## Company and Contact

### Filing Contact Information

Roger W. Bennett, Regulatory Compliance      roger\_bennett@cfins.com  
Specialist

SERFF Tracking Number:	CRUM-125289309	State:	Arkansas
First Filing Company:	The North River Insurance Company, ...	State Tracking Number:	AR-PC-07-026069
Company Tracking Number:	AR1295		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	GL FM Withdrawal		
Project Name/Number:	1295AR/AR1295		

305 MADISON AVENUE	(973) 490-6809 [Phone]
MORRISTOWN, NJ 07962	(973) 490-6062[FAX]

**Filing Company Information**

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

-----

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

-----

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

-----

<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

## **Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Withdrawn	Edith Roberts	09/20/2007	09/20/2007

<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

## Disposition

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
<b>Form</b>	Arkansas Changes Employee Benefits Liability Coverage Form	Withdrawn	Yes

SERFF Tracking Number: CRUM-125289309 State: Arkansas

First Filing Company: The North River Insurance Company, ... State Tracking Number: AR-PC-07-026069

Company Tracking Number: AR1295

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: GL FM Withdrawal

Project Name/Number: 1295AR/AR1295

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Arkansas	FM	02 92	Endorsement/Amendment/Conditions	Replaced Form #:0.00		AR FM
	Changes	101.0.126			N/A		12650292-
	Employee	5			Previous Filing #:		c.pdf
	Benefits Liability Coverage Form				ARGLCSFM01		

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFUL**  
**ARKANSAS CHANGES**

This endorsement modifies insurance provided under the following:

**EMPLOYEE BENEFITS LIABILITY COVERAGE FORM**

**1. PARAGRAPH 1.A. (3) of SECTION 1 - COVERAGE is replaced by the following:**

Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under this Coverage Part.

**2. The Following is added to SECTION III - LIMITS OF INSURANCE**

The limit of liability in the policy aggregate for the Extended Reporting Period shall be the greater of the amount of coverage remaining in the policy aggregate or fifty percent (50%) of the policy aggregate at policy inception.

**The following is added to SECTION VI - EXTENDED REPORTING PERIOD:**

A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the policy period and lasts for 60 days. The Basic Extended Reporting Period does not apply to claims that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such claim.



<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CRUM-125289309</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The North River Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026069</i>
<i>Company Tracking Number:</i>	<i>AR1295</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL FM Withdrawal</i>		
<i>Project Name/Number:</i>	<i>1295AR/AR1295</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Withdrawn	09/20/2007
<b>Comments:</b>	Attached.		
<b>Attachment:</b>	AR Trans Withdrawal.pdf		

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

Name	Fairfax Financial	Group NAIC # 0158
------	-------------------	-------------------

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co.	DE	31348		

5.	Company Tracking Number	1295AR
----	-------------------------	--------

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger-bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

## Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Property & Casualty			
10.	Sub-Type of Insurance (Sub-TOI)	Commercial General Liability			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	Commercial General Liability			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	10/15/07	Renewal:	10/15/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	09/12/07			
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	<b>This Filing Transmittal is part of Company Tracking#</b>	1295AR
-----	---	--------

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

This form, FM 101.0.1265 2/92 is being withdrawn as it is no longer needed for company policy writing purposes.

This form was originally filed to be effective September 1, 1997, as part of a major filing with the Company Filing ID: ARGLCSFM01

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: N/A for withdrawal filings.</b> <b>Amount:</b></p>          <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	1295AR
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Arkansas Changes – Employee Benefits Liability Coverage Form	FM 101.0.1265 2/92	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>1295AR</b>
-----------	--	---------------

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>1295AR</b>
-----------	---	---------------

☐ Rate Increase                      Rate Decrease                      X                      Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
-----------	---	--

<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	N/A Form Withdrawal Filing	[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	